## SAMHSA System of Care Expansion and Sustainability Cooperative Agreements

### **Required Indicators**

SAMHSA's Center for Mental Health Services (CMHS) developed six indicators to collect performance data on the System of Care Expansion and Sustainability Cooperative Agreements Grantees' Infrastructure Development, Prevention, and Mental Health Promotion (IPP) activities. CMHS requires Systems of Care Expansion and Sustainability Cooperative Agreements grantees to collect and submit data on a *quarterly* basis. The six indicators are Policy Development (PD1), Workforce Development (WD1 and WD5), Partnership/Collaborations (PC1), Outreach (O1), and Referral (R1). We developed this "cheat sheet" to help grantees classify and submit indicator data results. The guide is organized into three sections:

- > Overview of data reporting requirements and deadlines
- > Operational definitions and data entry guidelines for the six required indicators
- ➤ How to access help, tips, and resources

#### **General Overview:** Grantees must comply with three data submission components:

- 1) **Quarterly Data:** Grantees submit data quarterly for each indicator based on the federal fiscal year (FFY) calendar. As a new grantee, submission will begin the second quarter. After grantees submit data, the government project officer (GPO) will review the data and approve, disapprove, or request revisions.
- 2) **Annual Goals:** Grantees submit annual performance goals for each indicator for each grant year. Based on the original, approved application, goals should be realistic and attainable. Grantees can update and revise their goals annually during the first quarter of each new FFY.
- 3) **Annual Budget Estimates:** For each grant year, grantees submit budget estimates for specific budget categories. These are estimates, not actual expenditures. Grantees can also update and revise budget estimates annually during the first quarter of each new FFY. For this grant you should NOT allocate any funds to Prevention or Technical Assistance.

Table 1. Quarterly Reporting Period and Deadlines for Submitting Indicator Data

Quarter	Quarterly Reporting Period	Grantee Deadline to Submit Data	GPO Review Deadline	Grantee Deadline to Revise Data	System-Lock Date*
1st	October 1–December 31	January 31	February 28	March 31	April 1
2nd	January 1–March 31	April 30	May 31	June 30	July 1
3rd	April 1–June 30	July 31	August 30	September 30	October 1
4th	July 1-September 30	October 31	November 30	December 31	January 1

<sup>\*</sup> No further data entry, GPO reviews, or grantee revisions allowed.

<u>Submission Requirements</u>: Grantees submit data quarterly for each indicator based on the FFY calendar, which runs from October 1 through September 30. For new grantees, data submission begins in the second quarter, January 1–March 31. After grantees submit data, the GPO will review and approve, disapprove, or request revisions. Grantees have until midnight of the grantee revision deadline (see "Grantee Deadline to Revise Data" column in Table 1) to submit final data revisions. Following the deadline, the data system locks for that particular quarter and does not allow any additional data entry or revisions.

**Required Indicators:** Tables 2 through 7 outline operational definitions and data entry guidelines for the six required indicators:

- **Policy Development (PD1)** is the number of policy changes completed as a result of the grant.
- ➤ Workforce Development (WD1) is the number of organizations or communities implementing mental health-related training programs as a result of the grant.
- ➤ Workforce Development (WD5) is the number of young adult consumers/family members who provide mental health-related services as a result of the grant.
- ➤ Partnership/Collaborations (PC1) is the number of organizations that entered into formal written inter/intra-organizational agreements (e.g., MOUs/MOAs) to improve mental health-related practices and activities that are consistent with the goals of the grant.
- **Outreach (O1)** is the number of people contacted through the program outreach efforts.
- **Referral** (R1) is the number of people referred to mental health or related services.

Each table explains the intent of the particular indicator, provides definitions of key terms related to the indicator, describes who or what grantees can count or not count, and gives useful examples.

 Table 2. IPP Indicator: Policy Development (PD1)

#### PD1 is the **number of policy changes** completed as a result of the grant.

Intent & Key Terms	What To Count	Guidelines for Entering Data
Intent: To report all policy changes that have been completed as a result of the grant.	Count the policy change only once and only when the change has been completed.  The policy may be reported if it is not yet	On the <b>Result Form</b> , enter the following information in the quarter when the policy change was completed:
Key Terms: Policy is a written document directing an action or event; administrative or legislative in origin.  Examples:	implemented. <b>Do not count</b> the policy change if discussions have only begun about the policy but it has not been completed or approved.	<b>Result Name:</b> Enter the name or type of policy change.
		<b>Result Description:</b> Enter a description of 1) the organizations and 2) the completed policy change.
<ul><li>Directives</li><li>Guidance</li><li>Clinical practice guidelines</li></ul>		Result Number: Enter one policy change per result record.
<ul><li>Regulations</li><li>Statutes</li><li>Operational manuals</li></ul>		Example: Result Name: Standards of care for (enter the population of focus)
<ul> <li>Procedures</li> <li>Bylaws</li> <li>Strategic plans</li> <li>Mission statements</li> <li>Written decisions</li> </ul>		Result Description: The state established new standards of care for (list the population of focus) receiving recovery support services for co-occurring mental and substance use conditions.
<ul><li>Standards</li><li>Financing policies are excluded.</li></ul>		Result Number: 1
<b>Change</b> is the creation of a policy that did not previously exist; the documentation of a policy that existed in an undocumented		

orm; or the elimination or alteration of a policy that previously existed and had already been documented.
ompleted means that the document xists in its final form and has been opproved or passed by the party or arties with authority to do so.

**Table 3.** IPP Indicator: Workforce Development (WD1)

WD1 is the **number of organizations or communities** implementing mental health-related training programs as a result of the grant.

#### **Intent & Key Terms**

# Intent: To capture information on organizations or communities outside of your organization that are implementing mental health-related training programs as a result of the grant. The training programs must be for people with or at risk of mental health condition(s), not the general public.

The goal of the training program is to *improve* skills, knowledge, behaviors, and public awareness. Workshops and educational seminars that meet this goal and definition qualify too.

#### **Key Terms:**

**Organizations** include state, local, and tribal agencies; bureaus; departments; non-profit agencies; private sector; or other major entities.

**Communities** are a group of people living in the same locality and under the same district or government.

**Mental health-related** pertains to mental health or the population of people with or at risk of mental health condition(s); also includes people with co-occurring substance

#### **What To Count**

**Count** the number of organizations or communities that implemented the mental health-related training.

**Do not count** the number of participants who attended the training.

**Do not count** training programs in the planning stages.

#### **Guidelines for Entering Data**

On the **Result Form**, enter the following information in the quarter when the training was provided and completed:

**Result Name:** Enter the name or title of the training provided.

**Result Description:** Enter a one or two sentence description on 1) who implemented the training, 2) type of training provided, and 3) type of skills learned.

**Result Number:** Enter the total number of organizations or communities that implemented the training.

#### Example:

**Result Name: Youth** Mental Health First Aid Training

Result Description: The project provided training to two Kent county schools on Youth Mental Health First Aid training this quarter. Kent County trained 20 school teachers who are now implementing what they learned from the training in the classroom.

use disorders.	Result Number: 2
Training programs are programs guided by a curriculum that takes place within a structured time frame and are guided by an identified trainer or training method.	

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 Table 4. IPP Indicator: Workforce Development (WD5)

WD5 is the number of young adult consumers/family members who provide mental health-related services as a result of the grant.

#### **Intent & Key Terms**

# Intent: To capture information on young provide mental health-related services and

#### **Kev Terms:**

Young adult consumers who have experienced mental health services and supports.

adult consumers or family members who

supports as a result of the grant.

Family members may be members of a young adult's immediate or extended family, family networks, or "adopted" family members (for example, familismo in Hispanic culture). Family members also may be friends, co-workers, or neighbors, or nonfamily caregivers of a young adult.

Mental health-related peer services (and supports) include support groups, mentoring, system navigation, socialization activities, recreation, advocacy, training, recovery support, and other supportive services.

#### **What To Count**

Count the number of young adults or family members who are providing mental health-related services and supports per quarter.

Positions can be paid or unpaid.

Do not count young adults/family members involved exclusively in planning and advocacy activities or mental health-related evaluation oversight, data collection, or analysis activities.

#### **Guidelines for Entering Data**

On the **Result Form**, enter the following information in the guarter when the service was provided:

Result Name: Enter the title or position of the persons(s) providing the service.

**Result Description:** Enter a one to two sentence description on 1) who provided the service and 2) what type of service was provided.

Result Number: Enter the total number of people providing the service.

Example:

Result Name: Hired 3 peer support

specialists

Result Description: We added a peer support specialist to three different treatment teams this quarter.

Result Number: 3

**Table 5.** IPP Indicator: Outreach (O1)

#### O1 is the **number of people** contacted through the program outreach efforts.

#### **Intent & Key Terms**

# **Intent:** To capture information on one-on-one contacts with people using outreach or other strategies to increase participation in and access to treatment services for the population in focus as a result of the grant.

#### **Key Terms:**

**Contacted** involves making a connection with people. Contacts can be made on the streets, via telephone, in different program settings, at drop-in centers, or in community settings.

**Outreach** pertains to a strategy designed to increase access and participation in treatment service for the population in focus. Outreach is not the same as awareness.

#### **Examples:**

- Outreach and engagement of individuals who were contacted to bring them into services and/or supports
- Youth outreach worker engages individual runaway youth
- Peer specialists offer support to youth in detention centers
- Family support workers engage families in the court room waiting room
- Family support worker provides support to

#### **Who To Count**

# **Count** the number of people contacted through one-on-one outreach or other related strategies.

The purpose is to engage people who either have untreated mental health conditions or are at risk of developing such conditions.

Outreach to further engage those who are already technically enrolled in services can also count (i.e., a person who started services, but had not been seen in a while).

**Count** the number of people.

**Do not count** the number of contacts made. For example, if a person who is homeless is contacted five times, count that person once.

**Do not count** general appointment reminders and contacts as part of services.

Do not count awareness

#### **Guidelines for Entering Data**

On the **Result Form**, enter the following information in the quarter when the person was contacted:

**Result Name:** Enter the name of the outreach effort.

**Result Description:** Enter a one to two sentence description of 1) who was contacted and 2) the type of information disseminated.

**Result Number:** Enter the number of people contacted, not the number of contacts made.

#### **Example:**

Result Name: Outdoor outreach effort

**Result Description:** As a result of the grant and during this quarter, we spoke with 15 homeless young adults to encourage participation in the homeless drop in center services and supports.

**Result Number: 15** 

families of young children in child care settings who are at risk of dismissal  Family-to-Family support provided in physician practices	activities.	
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**Table 6.** IPP Indicator: Partnership/Collaboration (PC1)

PC1 is the **number of organizations** that entered into formal written inter/intra-organizational agreements (e.g., MOUs/MOAs) to improve mental health-related practices and activities that are consistent with the goals of the grant.

#### **Intent & Key Terms**

#### **What To Count**

#### **Guidelines for Entering Data**

Intent: To capture information on organizations that entered into formal written inter/intra-organizational agreements (e.g., MOUs/MOAs) to improve mental health-related practices and activities consistent with the goals of the grant.

#### **Key Terms:**

**Organizations** include state, local, and tribal agencies; bureaus; departments; non-profit agencies; private sector; or other major entities.

A formal written inter/intraorganizational agreement is a document written between organizations to specify how parties will work together on an agreed upon project or objective. The document must be signed by representatives of both organizations.

Mental health-related practices and activities include treatment, rehabilitation, prevention, mental health-related promotion, and supportive

**Count** the number of organizations that entered into *formal written* inter/intra-organizational agreements to improve mental health-related practices and activities.

If one organization has several agreements, **count** the organization once per agreement.

**Count** the agreement once and in the quarter that it is finalized; you do not need to repeat it every quarter.

**Do not count** agreements that are still in the planning stages.

On the **Result Form**, enter the following information in the quarter in which the agreement was finalized:

**Result Name:** Enter the name or type of agreement.

**Result Description:** Enter a description of 1) the organizations involved, 2) the type of agreement established (e.g., MOU or MOA), 3) the purpose/objective of the agreement, and 4) the expiration date of the agreement.

**Result Number:** Enter the total number of organizations that entered into the agreement (as the grantee, do not include yourself).

#### Example:

**Result Name:** MOU between state Department of Mental Health and Department of Children and Families

Result Description: The state Department of Mental Health finalized an MOU with the Department of Children and Families. The purpose of the agreement is to establish a working group. The working group will identify innovative policy changes to increase the

Examples:  MOU/MOA with:  Child welfare agency to provide respite services  Juvenile justice agency to provide a training for wraparound credentialing  County health department to share office space used by peer support specialists  Behavioral health provider to refer population of focus for a specific evidence based treatment intervention  Local community organization that offers peer specialist training program for youth in the child welfare system.  Shared utilization data between mental health providers and juvenile justice.
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Table 7. IPP Indicator: Referral (R1)

#### R1 is the **number of people** referred to mental health or related services.

R1 is the <b>number of people</b> referred to mental health of related services.				
Intent & Key Terms	Who To Count	Guidelines for Entering Data		
<b>Intent:</b> To capture information on people referred to mental health or related services as a result of the grant.	Count the number of people referred to mental health or related services.	On the <b>Result Form</b> , enter the following information in the quarter when the person was referred:		
Key Terms: Referred involves recommending a person	<b>Do not count</b> the number of services.	Result Name: Enter the type of referral made.		
for mental health or related services.  Mental health-related Services include treatment, rehabilitation, prevention, mental health-related promotion, and supportive		<b>Result Description:</b> Enter a one to two sentence description of 1) who received the referral information and 2) the services that they were referred to.		
services.  Examples:		<b>Result Number:</b> Enter the total number of people referred.		
<ul> <li>X number of people referred to:</li> <li>Mental health services</li> <li>Substance use services</li> <li>Crisis hotline</li> <li>Community based service program</li> <li>Support group (e.g., Alcoholics Anonymous)</li> <li>Family therapy</li> <li>Peer support services</li> </ul>		Example: Result Name: Mental health services referrals Result Description: As a result of the grant, our behavioral health screen identified people for symptoms of suicidality. As a result of the screening, 21 people were referred for mental health services this quarter.		
. 33. 34pport 30111000		Result Number: 21		

### **Reporting Tips for Success**

- > Report quarterly data only for *completed* activities and trainings in the quarter when they were completed. Do not enter information on activities that are *in progress*.
- > If you have no activities to report for a particular indicator, you must report that there has been No New Result.

#### **QUESTIONS?**

➤ If you need further support to understand the operational definitions of your required indicators or to set annual goals and budget estimates, **contact your GPO**.